



State of Connecticut

Department of Public Safety / Division of State Police

State Police Troop: Troop DCase Number: DPS-04-050652Investigating Trooper: Hickey # 879Date: 10/10/04Time: 1512 hours

Notations:

Traffic: \_\_\_\_\_

Weather: \_\_\_\_\_

Lane \_\_\_\_\_ of \_\_\_\_\_

Direction of Travel: \_\_\_\_\_

N S E W

No. & Type of Veh's Involved: 1 Motorcycle  
(Passenger Car, Truck, Bus, Etc.)

Related Information: \_\_\_\_\_

(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: PutnamLocation of Accident: Interstate 395 (Southbound), EXIT 96

Utility Pole Name &amp; Number (If Applicable): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Oper #1: Earnest, Joseph, G

Oper #2: \_\_\_\_\_

DOB: 01/23/58Gender: ☒ M ☐ F

DOB: \_\_\_\_\_

Gender: ☐ M ☐ FAddress: 45 Laporte Road

Address: \_\_\_\_\_

Town: North Grosvenordale State: CT Zip: 06255

Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Oper. Lic. # 136103248 Type: 2M State: CT

Oper. Lic. # \_\_\_\_\_

Type: \_\_\_\_\_

State: \_\_\_\_\_

Owner #1: Same

Owner #2: \_\_\_\_\_

Address: Same

Address: \_\_\_\_\_

Registration Plate: 736361 State: CT

Registration Plate: \_\_\_\_\_

State: \_\_\_\_\_

Make: Yamaha Model: XVZ12 Year: 1984

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

VIN: JYA41R008EA001638

VIN: \_\_\_\_\_

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☒ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: Progressive

Insurance Company: \_\_\_\_\_

Insurance Policy #: 51052332-2

Insurance Policy #: \_\_\_\_\_

Injuries: Legs, trauma

Injuries: \_\_\_\_\_

Vehicle Damage: Left Side

Vehicle Damage: \_\_\_\_\_

Vehicle Towed: ☐ No ☒ Yes, CargillVehicle Towed: ☐ No ☐ Yes, \_\_\_\_\_

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

NO PASSENGERS

Oper #3: \_\_\_\_\_

Oper #4: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: ☐ M ☐ FDOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Owner #3: \_\_\_\_\_

Owner #4: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_

VIN: \_\_\_\_\_

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Injuries: \_\_\_\_\_

Injuries: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Vehicle Towed: ☐ No ☐ Yes, \_\_\_\_\_Vehicle Towed: ☐ No ☐ Yes, \_\_\_\_\_

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

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DPS04-050652

Motorcycle Accident, I-395 S/B at exit 96, Putnam, CT

Vehicle #1 was traveling S/B on I-395 approaching exit 96 in Putnam, Vehicle #1 was in the left lane. Vehicle #1 exited the roadway, striking several guard-posts on the left side of the roadway. Vehicle #1 continued into the grass area of the median divider where it came to final rest.

Operator #1 was treated at the scene by medical personnel and transported via Ambulance to Day Kimball Hospital. The Operator was subsequently flown to UMASS via "Life-flight". He is currently being treated at that facility for injuries sustained in the accident. Family members have been advised and are at the Hospital.

Vehicle #1 has been towed to Troop D. The investigation will continue.

\*\*\*\*\* ANY WITNESSES TO THIS ACCIDENT ARE REQUESTED TO CONTACT  
TROOP D AT (860) 779-4900. \*\*\*\*\*